



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION



Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

170 North Main, 11th Floor
Memphis, TN 38103-1877
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

PERMIT FEE \$50.00

APPLICATION FEE
NON-REFUNDABLE

Business Check, Money Order or Cashiers Check ONLY

ALL signature spaces MUST
be signed and notarized.

APPLICATION FOR DISTILLER'S REPRESENTATIVE'S PERMIT

Date _____, 20 _____

Name of Applicant

Street Address

City

State

Zip

Telephone: _____

Email: _____

Hereby make application for a permit to represent the following company and its subsidiaries:

Name of Company

DBA

Street Address

City

State

Zip

EACH QUESTION MUST BE FULLY ANSWERED

1. Are you a United States Citizen? _____ All applicants must complete form AB-0116 – Declaration of Citizenship
2. Have you ever been convicted, plead guilty, or paid a fine for any offense under the Laws of the State of Tennessee or of any other State or of the United States? _____
3. Have you ever been convicted of any offense under the laws of the State of Tennessee; or of any other State; or of the United States prohibiting, or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? _____
4. Have you ever been engaged in business alone, or with others in violation of any laws, or Rules and Regulations of the State of Tennessee prohibiting or regulating the sale, possession, transportation, manufacturing, or otherwise handling intoxicating liquors within ten (10) years preceding the de of this application? _____
5. Do you have any interest, financial, stock ownership, loans, gifts or securing loans, or otherwise in any store licensed to sell alcoholic beverages in the State of Tennessee? _____
6. Are you familiar with the laws and Rules and Regulations covering the sale of alcoholic beverages in Tennessee? _____

7. Give the names and addresses of persons related to you by blood, marriage, or otherwise who own, operate, or have any interest either in a Retail Store, Wholesale Distributor, Distillery or Supplier. (attach additional sheet(s) if necessary)
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WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

* "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" *

Application authorized by _____
Print Name, Company Official

Print Name, Applicant

Signature, Company Official

Signature, Applicant

Subscribed and sworn to before me on this _____ day of _____, 20 _____

My Commission expires _____

Notary Public

Notary Seal